## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN COVER SHEET FOR AMENDMENTS

Case Name: Kim Padgett Case No.: 19-53850

	DESCRIBE INFORMA	ATION BEING AMENDED BY	CHECKING APPLICABLE BOX(ES) BELOW:			
	☐ Amendment to Pe	tition:				
	□Name	□ Debtor(s) Mailing Address	□Alias			
	□Signature		Directing the Filing of Official Form(s)			
	□ Summary of Sched	, , ,	(-,			
	Statement of Finan					
	Schedules and List					
	□ Schedule A/B					
	□ Schedule C	□ Debtor 2 Schedule C				
	□ List of Credito		Schedule E/F, and			
			of creditor already on the List of Creditors, change			
	20 T J	50 5 0 A	lebt - \$31.00 Fee Required, or			
	□ cl		eady on the List of Creditors – No Fee Required			
	□ Schedule G	iange address of a orealter and	, , , , , , , , , , , , , , , , , , , ,			
	□ Schedule H					
	데 Schedule I 데 Schedule J					
	□ Schedule J-2					
	NOTE: Use Page 2 f	for any corrections or additi	ons to the List of Creditors			
Additi	onal Details of Amen	dment(s):				
<b>⇒</b>			ve information contained on this cover sheet may be			
	Management Care Contractor Contractor		and accurate summary of the information contained in			
	the documents attach					
Date	11117/20	Signature: /s/John A Steinberger	John A. Steinberger P30812			
<b>⇒</b>	AFFIRMATION OF DE		ty of perjury that I have read this cover sheet and the			
	attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge,					
	information and belie		•			
Date	11/17/201	Signature	2000 200			
	11/1/1/00	/s/Kim Padgett	Kim Padgett			
Date		Signature				

## **CORRECTIONS TO THE LIST OF CREDITORS**

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRESS OF CREDITOR:	PLEASE CHANGE TO:
PREVIOUS NAME/ADDRESS OF CREDITOR:	PLEASE CHANGE TO:
PREVIOUS NAME/ADDRESS OF CREDITOR:	PLEASE CHANGE TO:
ADDITIONS TO T	HE LIST OF CREDITORS:
Use this section of the form to identify creditors	added to the schedules and List of Creditors
NAME OF CREDITOR	ADDRESS:
NAME OF CREDITOR	ADDRESS:
NAME OF CREDITOR	ADDRESS:
FOR ADDITIONAL CORRECTIONS/ADDIT	IONS, COPY THIS SHEET AND CONTINUE

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

IN THE MATTER OF:	C N- 10 52950
Kim Padgett	Case No. 19-53850 Judge Mark A. Randon
Debtor(s) /	Chapter 13
PROOF O	F SERVICE /
Kim White-Brown attests under the penal 2020, she served a copy of the Coversheet for Amol 1(d), Proof of Service in said case upon the follow user or by depositing said copies in the U.S. Mail, p	endments, Notice Required Under L.B.R. 1009- ing parties either electronically if a registered ECF
Trustee: Krispen S. Carroll - electronically ser	ved
Creditor:	White-Brown

Fill	in this information to identify your ca	ase:							
Del	otor 1 Kim W. Pad	gett			_				
	otor 2 use, if filing)				_				
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF MICHIGAN		_				
	se number <u>19-53850</u>		-				-	ostpetition chap wing date:	ter
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome						1	2/15
sup spo atta	as complete and accurate as pose plying correct information. If you use. If you are separated and you ch a separate sheet to this form.	are married and not fili r spouse is not filing w	ing jointly, and your ith you, do not inclu	spouse i de inforr	is living nation a	with you, incl bout your spo	ude informat use. If more	tion about your space is need	ed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filin	g spouse	
	If you have more than one job,	Employment status	☐ Employed			☐ Employed			
	attach a separate page with information about additional	Employment status	Not employed			☐ Not employed			s needed, ry question
	employers.	Occupation	Self- Employed						
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	there?						
Pai	1 2: Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any line,	write \$0 in the	space. Includ	de your non-filing	j
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the informatio	n for all e	employer	s for that perso	n on the lines	s below. If you n	ed
					Fo	Debtor 1	For Debto		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	N/A	

Deb	tor 1	Kim W. Padgett		Case number (if known)	19-53850		
	Сор	y line 4 here	4.	For Debtor 1 8 0.00	For Debtor non-filling's		
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00	\$	N/A	
	5e.	Insurance	5e.	\$ 0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$ 0.00	\$	N/A	
	5g.	Union dues	5g.	\$0.00	\$	N/A	
	5h.	Other deductions. Specify:	_ 5h.+	*	+ \$	N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$0.00	\$	N/A	
7.		rulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$	N/A	
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: unemployment	8a. 8b. 8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$	N/A N/A N/A N/A	
	8g.	Pension or retirement income	- 8g.	\$ 0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$ 0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$1,096.00	\$	N/A	
10.	Calc	sulate monthly income. Add line 7 + line 9.	10.  \$	1,096.00 + \$	N/A	= \$ _	1,096.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your or friends or relatives.  In include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		ted in Schedule	∍ J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest amount on the Summary of Schedules and Statistical Summary of Certainies				\$	1,096.00
13.	Do y	rou expect an increase or decrease within the year after you file this form?	?			Combin monthly	ed income
		No.		D			
		Yes. Explain: Debtor is looking for work. Unemployment may e	nd in	Dec 2020.			

Fill	in this information to identify your case:				
Deb	otor 1 Kim W. Padgett		Che	eck if this is:	
			_	An amended filing	
	ouse, if filing)			A supplement show 13 expenses as of t	ring postpetition chapter the following date:
lini	lod Clates Bestevites Court for that . EASTEDN DISTRICT OF MICHIGA	.N		MM / DD / YYYY	_ <del></del>
Unit	ted States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGA	<u> </u>		MIM / DD / YYYY	
1	e number 19-53850				
(" K	nown)				
<u> </u>	fficial Form 106 l	-			
	fficial Form 106J				
	chedule J: Your Expenses as complete and accurate as possible. If two married people are	filing together, both ar	2 001	ually responsible fo	12/15
info	ormation. If more space is needed, attach another sheet to this fon the (if known). Answer every question.				
Par					
1.	Is this a joint case?				
	No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses fi</i>	or Separate Household o	f De	btor 2.	
2.	Do you have dependents?				
	Do not list Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship Debtor 1 or Debtor 2	to	Dependent's age	Does dependent live with you?
		कृतः तः १९ १५५५ तः १९ ४६ <b>। स्टब्स्यान्य स्टब्स्यान्य स्टब्स्य स्टब्स्य</b>	17.55		□ No
	Do not state the dependents names.				☐ Yes
	·				□No
					☐ Yes
					□ No
					☐ Yes
					□ No
3.	Do your expenses include				☐ Yes
J.	expenses of people other than				
	yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
Est	timate your expenses as of your bankruptcy filing date unless yo	u are using this form a	sas	upplement in a Cha	pter 13 case to report
	penses as of a date after the bankruptcy is filed. If this is a supple olicable date.	emental S <i>chedule J</i> , ch	eck	the box at the top of	rthe form and ill ill the
		lem	Files		
the	lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Yo	you know our Income		Parity Care . 14	
	ficial Form 106l.)		10	Yourexpe	
	The rental or home ownership expenses for your residence. In	eludo firet medanao			
4.	payments and any rent for the ground or lot.	ciude ilist mortgage	4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	\$	0.00
_	4d. Homeowner's association or condominium dues		4d.	\$	0.00
5	Additional martagas payments for your residence such as home	o oguity loone	5	*	0.00

ebtor 1	Kim W. Padgett	Case num	ber (if known)	19-53850
. Util	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	225.00
6b.	Water, sewer, garbage collection	6b.	\$	30.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d.	Other. Specify: cell phone	6d.	\$	100.00
	cable and internet		\$	100.00
Foo	d and housekeeping supplies	<del></del> 7.	\$	250.00
Chi	dcare and children's education costs	8.	\$	0.00
Clo	thing, laundry, and dry cleaning	9.	\$	50.00
. Per	sonal care products and services	10.	\$	41.00
. Med	lical and dental expenses	11.	\$	0.00
. Tra	nsportation. Include gas, maintenance, bus or train fare.			450.00
Do	not include car payments.	12.	·	150.00
. Ent	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
. Cha	ritable contributions and religious donations	14.	\$	0.00
	ırance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	46-	•	
	Life insurance	15a.	·	0.00
	Health insurance	15b.		0.00
	Vehicle insurance	15c.	·	150.00
	Other insurance. Specify:	15d.	<b>*</b>	0.00
Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	16.	\$	0.00
	allment or lease payments:	47-	•	0.00
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	•	0.00
	Other. Specify:	17c.	·	0.00
	Other. Specify:	17d.	<b>&gt;</b>	0.00
	r payments of alimony, maintenance, and support that you did not report as		\$	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). er payments you make to support others who do not live with you.		\$	0.00
	cify:	19.	<b>*</b>	0.00
	er real property expenses not included in lines 4 or 5 of this form or on Sch		our income.	
20a	. Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.	\$	0.00
20c	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	. Homeowner's association or condominium dues	20e.	\$	0.00
	er: Specify:		+\$	0.00
. Cal	culate your monthly expenses			
	. Add lines 4 through 21.		<b>\$</b>	1,096.00
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c	Add line 22a and 22b. The result is your monthly expenses.		\$	1,096.00
. Cal	culate your monthly net income.		L	
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,096.00
	. Copy your monthly expenses from line 22c above.	23b.		1,096.00
		200.		1,000.00
23c	Subtract your monthly expenses from your monthly income.		l <u>.</u>	
	The result is your monthly net income.	23c.	\$	0.00
_				
For	you expect an increase or decrease in your expenses within the year after yexample, do you expect to finish paying for your car loan within the year or do you expect you ification to the terms of your mortgage?	ou file this r mortgage	s form? payment to incre	ease or decrease because of a
11100	·			
_ □ ·	/es. Explain here:			